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CONFIRMATION NO. 1681

<b>SERIAL NUMBER</b> 10/624,317	<b>FILING DATE</b> 07/22/2003  <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1636	<b>ATTORNEY DOCKET NO.</b> D6471
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**APPLICANTS**

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*OK*

**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/398,057 07/22/2002

*maf* *none*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*maf*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED** **\*\* SMALL ENTITY \*\***  
**\*\* 12/04/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>maf</i> Examiner's Signature <i>maf</i> Initials	<b>STATE OR COUNTRY</b> AL	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 2
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**ADDRESS**  
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**TITLE**  
 Targeted adenoviral vector displaying immunoglobulin-binding domain and uses thereof

<b>FILING FEE RECEIVED</b> 440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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